

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor****A) Title of the course applied for : Fellowship course in Pediatric Intensive Care Unit.**

This is to Certify that **Dr Sanjeevani Satish Masavkar** has worked in the Department of Pediatrics, LTMMC & LTMGH, Sion, Mumbai -400 022, Training Centre as per following details

**B) General Experience**

Designation	From	To	Total periodYear/Months	
			Year	Months
Assistant Professor	27-05-2005	16-07-2015	10 Years	2 Months
Associate Professor	17-07-2015	8-02-2024	8 Years	7 Months
Additional Professor	9-02-2024	Till Date	--	11 Months

**C) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
			Year	Months
Assistant Professor	27-05-2005	16-07-2015	10 Years	2 Months
Associate Professor	17-07-2015	8-02-2024	8 Years	7 Months
Additional Professor	9-02-2024	Till Date	--	11 Months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Signature*

Sign & Stamp  
Head of the Department  
Date : 29/01/25

*Signature*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 30 JAN 2025  
DEAN  
Lokmanya Tilak Municipal General Hospital & Medical College,  
Sion, Mumbai - 400 022

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	